County of	<u> 13336</u>
Inc. Town of Registration District No. Registered No. (For use of Local Reistrar) or (For use of Local Reistrar) (If birth occurs in a hospital or other institution, give name of same instead of street and number.) If child is not yet named, make	
(2) Full Name of Child supplemental report as directed	
Tabe assessed only in creat of I wise at Triplets Married r	(Name of Month) (Day) (Year)
FATHER. (8) FULL NAME BEFORE MARRIAGE (14) NAME BEFORE MARRIAGE	ia or entering
(9) PRESENT POSTOFFICE OF FATHER (15) PRESENT POSTOFFICE OF MOTHER	(17) AGE AT LAST 28
(10) COLOR (II) AGE AT LAST (III) AGE AT LAST (III) OR OR RACE (Years) (Years) (III) BIRTHDAY (III) BIRTHPLACE	BIRTHDAY (Years)
E (12) BIRTHPLACE	1 Cr 6
(13) OCCUPATION	· meil
(20) Number of children born to description of children of mow living, including property	resent birth
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWHES*	
(22) I hereby certify that I attended the birth of this child, who was on the date above stated. (28) (Signature) (25) Address of Physician or Midwife (26) Address of Physician or Midwife (26) Address of Physician or Midwife (27) Address of Physician or Midwife (28) (29) State whether Physician or Midwife (28) Address of Physician or Midwife (28) (29) (20) (20) (20) (20) (20) (20) (20) (20	
(28) (Signature)	
La well (Trong & Weller 20 12)	
Given name added from a supplemental (26) Witness (Signature of Witness when question 23 is signs	conservation de la conservation
Registrar (27) Filed 7. 7. 191 A. (28)	Local Registrar.
When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.	

Z

PERMANENT RECORD.

RESERVED POR BINDING.

month of pregnancy.

White Head Co. Co.